



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E449768**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-1969
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 06 - 2015	1147	31		0664
N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF				

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>	BLOCK NO.	
SR 9	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
SR 9	LUNDEEN PKWY

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 3605681881 N: 4252937948
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LAST NAME	MYERS	FIRST NAME	BRENDON	MIDDLE INITIAL	T
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STREET NEW ADDRESS	313 9TH ST
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CITY	SNOHOMISH	ST	WA	ZIP	982902265
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CDL	RESTRICTIONS B, J	ENDORSEMENTS	
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DRIVER'S LICENSE #	MYERSBT285C7	STATE	WA	SEX	M	D.O.B.	02 - 27 - 1972
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 3	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 7	NATURE OF INJURIES CHEST PAIN
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LICENSE PLATE #	AQS7020	STATE	WA	VIN#	4S3BG4853T6375863
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1996	MAKE	SUBA	MODEL	LEGSW	STYLE	SW	VEHICLE TOWED <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **BRENDON MYERS 313 9TH ST SNOHOMISH WA 98290**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # NATIONAL GENERAL 2002977778
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VEHICLE LEGALITY <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 2062343187
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LAST NAME	KIMBALL	FIRST NAME	SCOTT	MIDDLE INITIAL	A
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STREET NEW ADDRESS	26881 W ROSS AVE
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CITY	BUCKEYE	ST	AZ	ZIP	853969214
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CDL	D	RESTRICTIONS B	ENDORSEMENTS	
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DRIVER'S LICENSE #	D06086877	STATE	AZ	SEX	M	D.O.B.	08 - 26 - 1948
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES HEADACHE
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LICENSE PLATE #	B39136T	STATE	WA	VIN#	1B7HC16Z3SS127824
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1995	MAKE	DODG	MODEL	RAMPU	STYLE	PK	VEHICLE TOWED <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SCOTT KIMBALL 4D-248 EVERETT WA 98203**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # UNITED SERVICES AUTOMOBILE 001076417U71073
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VEHICLE LEGALITY <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E449768**

CASE # **15-1969**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SMITH EMILY C																	
ADDRESS & PHONE #		11709 NE 71ST ST KIRKLAND WA 98033 4255312318																	
SEX		F		D.O.B. MMDDYYYY		03		-		02		-		1995					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 2 and Unit 3 were stopped on SR9 in the northbound lanes at the intersection of Lundeen Pkwy waiting for the light to turn green. Unit 1 was on SR9 heading north approaching the intersection at Lundeen Pkwy. Driver of unit 1 said he thought the light had turned green and did not slow down when he hit unit 2. Unit 2 then struck unit 3.

The drivers airbag for unit 1 deployed. Aid arrived and attended to the drivers minor injuries. All units were driven from the scene.

Unit 1 was at fault due to inattention.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

08-06-15 02:48 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

8/7/2015 1:40:49 AM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

11:48 AM

TIME POLICE ARRIVED

11:51 AM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E449768**

CASE # **15-1969**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

LAST NAME

SEEDS

FIRST NAME

WILLIAM

MIDDLE INITIAL

F

STREET NEW ADDRESS

301 MEADOW LANE

CITY

GRANITE FALLS

ST

WA

ZIP

98252

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

SEEDSWF275KB

STATE

WA

SEX

M

D.O.B. MMDDYYYY

05

02

1973

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

1

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

B59868U

STATE

WA

VIN#

1FTWW31P67EB35857

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2007

MAKE

FORD

MODEL

F350

STYLE

PK

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

1

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

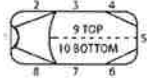
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

08-06-15 02:48 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

#0132

ORI #

WA0311900

APPROVED BY

BROOKS

DATE

8/7/2015

PAGE

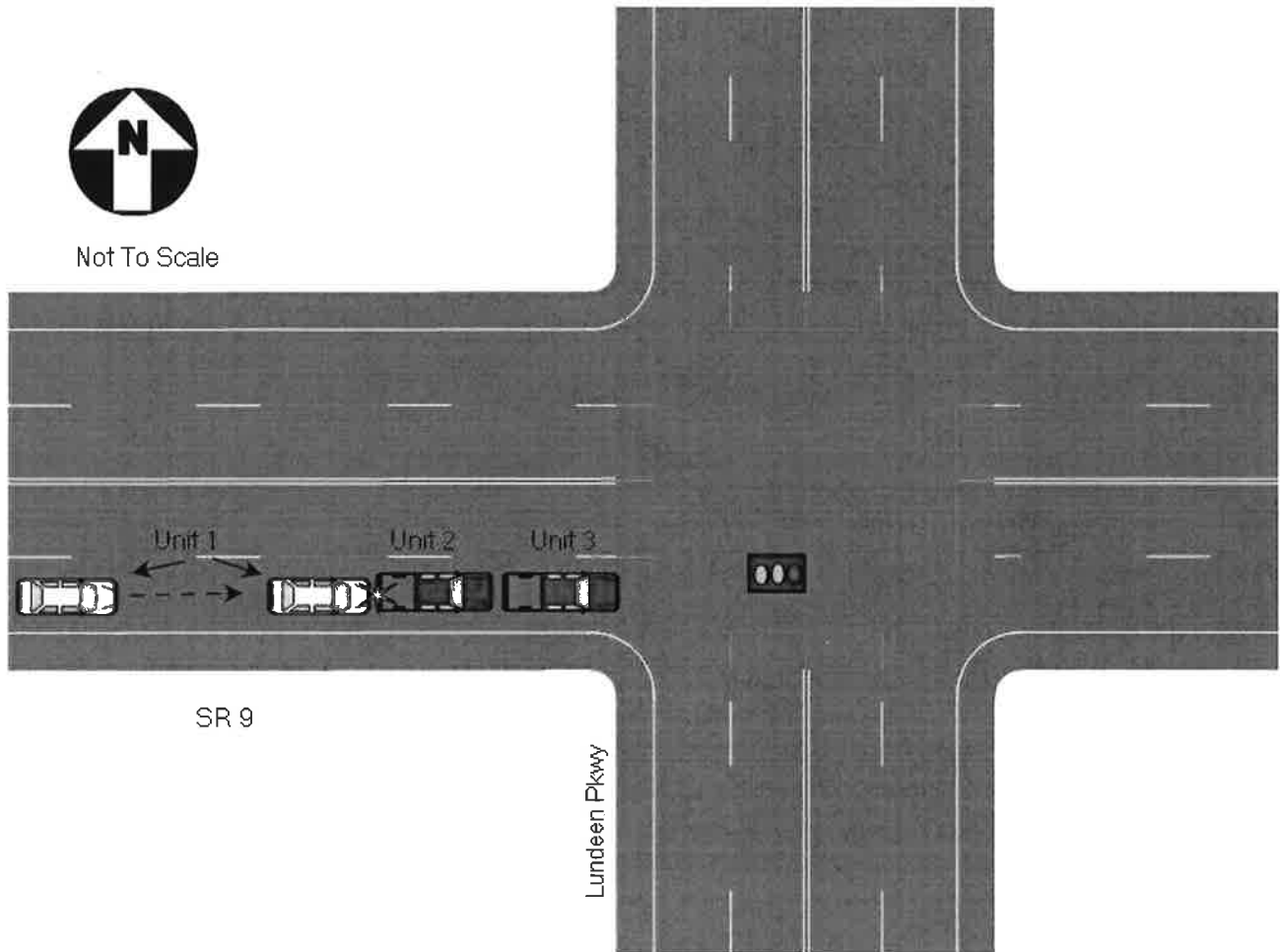
3

OF

4



Not To Scale



VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1969



VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	KIMBALL Scott			M	8/26/48	68				
STREET ADDRESS		CITY		STATE		ZIP		RES. STATUS		
2120 Highland Ave		Everett		WA						
HOME PHONE		CELL PHONE		PLACE OF EMPLOYMENT						
		206-234-3187		RETIRED						
WORK PHONE		EMAIL ADDRESS								

I, Scott Kimball, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

REAR ENDED BY SUBURB A65 7020 N-BOUND
Route 9 AT LUNDEN STOPLIGHT.
RIGHT LANE SECOND VEHICLE
REAR END DAMAGE HEADLIGHTS.

[Signature]
8/6/15

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE	DATE SIGNED	LOCATION SIGNED
<i>[Signature]</i>	8/6/15	LKS
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
SKILROY 132	8/6/15	LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1969



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Smith, Emily, Claire	RACE C	ETH	SEX F	DOB 3/2/95	AGE 20	HGT	WGT	HAIR	EYES
STREET ADDRESS		CITY				STATE	ZIP		RES. STATUS	
HOME PHONE		CELL PHONE 425 531 2318				PLACE OF EMPLOYMENT Bellevue Club Aquatics				
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Followed white subaru from Hwy 2, Swearing to several near accidents. Was calling in to 911 when accident occurred.
Three car accident. Subaru rear ended green truck, which then hit red truck.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Emily Smith	DATE SIGNED: 8/6/2015	LOCATION SIGNED:
OFFICER/NUMBER: SKILROY 1132	DATE SIGNED: 8/6/15	LOCATION SIGNED: LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1969



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Myers	RACE White	ETH W	SEX M	DOB 2-27-1974	AGE	HGT	WGT	HAIR	EYES	
STREET ADDRESS 313 A G M St.		CITY Snohomish	STATE WA	ZIP 98290	RES. STATUS						
HOME PHONE 360-568-1881		CELL PHONE 425-293-7948		PLACE OF EMPLOYMENT Disability							
WORK PHONE		EMAIL ADDRESS									

I, Brendan Myers DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling on Hwy 9 at Linder Park. I approached a light it turned green. Traffic started to move as I was entering the intersection. A gentleman 2 cars ahead stopped in the middle of intersection. The gentleman in front of me locked up his brakes and there was no way to avoid collision. The guy stopped in the freeway at a green light. I had no recourse but to brace for the impact. I had no time to react period.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED: 8-6-15	LOCATION SIGNED: Linder Park
OFFICER/NUMBER: SKILROY/132	DATE SIGNED: 8/6/15	LOCATION SIGNED: LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Received	08/06/15	11:47:17	BY SPCT06	SP0323
Entered	08/06/15	11:48:02	BY SPCT06	SP0323
Dispatched	08/06/15	11:48:39	BY SPDP17	SP0166
Enroute	08/06/15	11:48:39		
Onscene	08/06/15	11:51:43		
Closed	08/06/15	12:17:10		

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: NORT

Src: T

Loc: LUNDEEN PARK WY/SR 9 NE , LKS (V)

Latitude: (+) 48.013290 Longitude: (-) 122.110698

Loc Info:

Name: SCOTT

Addr:

Phone: 2062343187

[illegible]